

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp Received

APR 24 2012

Bayfield Co. Zoning Dept.

Permit #:

12-006 ENTERED

Date:

5-3-12

Amount Paid:

\$125.00 CASH

Refund:

RDS 4/24/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		Cell Phone:		Plumber Phone:		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property:		City/State/Zip:		Contractor Phone:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document (i.e. Property Ownership)		Page(s)		35	
Contractor:		SELF		Plumber:		Plumber:		Plumber:		Plumber:		Plumber:		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Agent Mailing Address (include City/State/Zip):		Agent Mailing Address (include City/State/Zip):		Agent Mailing Address (include City/State/Zip):		Agent Mailing Address (include City/State/Zip):		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-021-2-45-06-20-2		04-021-2-45-06-20-2		04-021-2-45-06-20-2		04-021-2-45-06-20-2		04-021-2-45-06-20-2	
SE 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 20, Township 45 N, Range 6 W		Town of:		Grand View		Grand View		Grand View		Grand View		Grand View		Grand View	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$14,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> NEW Sanitary (Exists) Specify Type: NEW	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(26 X 32)	640
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	<input type="checkbox"/> with Loft	()	
	<input type="checkbox"/> with a Porch	()	
	<input type="checkbox"/> with (2nd) Porch	()	
	<input type="checkbox"/> with a Deck	()	
	<input type="checkbox"/> with (2nd) Deck	()	
	<input type="checkbox"/> with Attached Garage	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	
	<input type="checkbox"/> Mobile Home (manufactured date)	()	
	<input type="checkbox"/> Addition/Alteration (specify)	()	
	<input type="checkbox"/> Accessory Building (specify)	()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	()	
	<input type="checkbox"/> Conditional Use: (explain)	()	
	<input type="checkbox"/> Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Timothy W. Bequaert Grand View WI 54839

If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application

Authorized Agent: Timothy W. Bequaert Grand View WI 54839

Rec'd for Issuance of permit you are signing on behalf of the owner(s) a letter of authorization must accompany this application

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Date: 4-24-12

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Concrete will go Right where there
is a pile of sand

SEE ATTACHED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet	Setback from Wetland	Feet
Setback from the South Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0092		Permit Date: 5-3-12					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: well staked. Meet all setbacks.							
Date of Inspection: 5-1-12		Inspected by: M. Fuchel		Zoning District (F-1) Lakes Classification (NH)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:					
All water under pressure in structure. May not be used for human habitation unless CDC requirements are met.							
Signature of Inspector: M. Fuchel							
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____			
				Date of Approval: 5-1-12			

SEE POST
1684° E. 16.34'
38.27 AC.

NE - NW S 87°31'43" E 1229.00'

CM 1/16 COR.

SE 1/4 - NW 1/4
1,666,896 SQ. FT.
38.27 AC.

LINE TABLE

LINE	BEARING	DISTANCE
L1	S 01°54'41" E	265.32
L2	S 66°17'47" W	32.51
L3	N 07°54'41" W	279.417

BEARINGS ARE BASED COUNTY GRB



BEAR POST
1684° E. 16.34'
38.27 AC.

SE - NW N 87°47'54" W E - W 1/4 LINE 1276.42'

1276.42'

1306.50'

30.08'

SW - NE NW - SE

EAST 30' OF THE NE 1/4 - SW 1/4
LYING NORTH OF U.S.H. NO. 63
8,172 SQ. FT.
0.19 AC.

NE 1/4 - SW 1/4

C/L U.S.H. NO. 63
SEE NOTE

NOTE:
THE RIGHT OF WAY OF U.S.H. NO. 63 IS BASED ON W.D.O.T.
R/W PLAN 1560-02-21, WITH A REVISED DATE OF 8-4-88.
PER SAID MAP THE RIGHT OF WAY OF U.S.H. NO. 63 IS 66'
ON EACH SIDE OF THE CENTERLINE ACROSS THE NE 1/4 -
SW 1/4 AND 100' ON EACH SIDE OF CENTERLINE ACROSS
THE NW 1/4 - SE 1/4.
THE DISTANCE TO THE C/L OF U.S.H. NO. 63 IS NOTED NEXT
TO THE FOUND 3/4" W.D.O.T. CAPPED REBARS AND D.O.T.
RIGHT OF WAY FENCE POST.

SEC. 20
S 1/4 COR.
B/C. CO. MARK

CLIENT: TIM BORGWARDT

NELSON
SURVEYING
INCORPORATED

SURVEYING NORTHERN WISCONSIN SINCE 1864

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100

MAP NO. 4093

©

R/W/SEC20

6. 2